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CONFIRMATION NO. 6067

|   |   |  |   |   |                               |                                    |
|---|---|--|---|---|-------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/690,514  | <b>FILING or 371(c)<br/>DATE</b><br>10/23/2003<br><b>RULE</b>   | <b>CLASS</b><br>370  | <b>GROUP ART UNIT</b><br>2614   | <b>ATTORNEY DOCKET<br/>NO.</b><br>P18149US1 |                               |                                    |
| <b>APPLICANTS</b><br>Zhongwen Zhu, Saint-Laurent, CANADA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>01/22/2004  |   |  |   |   |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/QUYNH H NGUYEN/</u><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>QN<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>CANADA   | <b>SHEETS<br/>DRAWINGS</b><br>3             | <b>TOTAL<br/>CLAIMS</b><br>18 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Alex Nicolaescu<br>Ericsson Canada Inc.<br>Patent Department<br>8400 Decarie Blvd.<br>Town Mount Royal, QC H4P 2N2<br>CANADA  |   |  |   |   |                               |                                    |
| <b>TITLE</b><br>Virtual queuing support system and method   |   |  |   |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                               |                                    |